ATTACHMENT Procedure Codes That May Be Used with the "RP" Modifier

Effective for dates of service (DOS) on and after October 1, 2003, the following table lists the procedure codes providers may use with the "RP" modifier (replacement and repair).

Wheelchairs				
Procedure Code	Modifier	Description		
E1230		Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number		
E1230	59*	Power operated vehicle (rear-wheel drive), specify brand name and model number		
K0001		Standard wheelchair		
K0002		Standard hemi (low seat) wheelchair		
K0003		Lightweight wheelchair		
K0004		High strength, lightweight wheelchair		
K0005		Ultralightweight wheelchair		
K0006		Heavy-duty wheelchair		
K0007		Extra heavy-duty wheelchair		
K0009		Other manual wheelchair/base		
K0010		Standard-weight frame motorized/power wheelchair		
K0011		Standard-weight frame motorized/power wheelchair with programmable control		
		parameters for speed adjustment, tremor dampening, acceleration control and braking		
K0012		Lighweight portable motorized/power wheelchair		
K0014		Other motorized/power wheelchair base		

	Hospital Beds			
E0250	Hospital bed, fixed height, with any type side rails, with mattress			
E0251	Hospital bed, fixed height, with any type side rails, without mattress			
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress			
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress			
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress			
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress			
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress			
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress			
E0290	Hospital bed, fixed height, without side rails, with mattress			
E0291	Hospital bed, fixed height, without side rails, without mattress			
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress			
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress			
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress			
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress			
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress			
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress			
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress			
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress			
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress			
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress			

^{*59 =} Distinct procedural service.

Lifts				
Procedure Code	Modifier	Description		
E0630		Patient lift, hydraulic, with seat or sling		
E0635		Patient lift, electric, with seat or sling		

Commode Chairs			
E0163	Commode chair, stationary, with fixed arms		
E0164	Commode chair, mobile, with fixed arms		
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each		
E0240*	Bath/shower chair, with or without wheels, any size		
E0247*	Transfer bench for tub or toilet with or without commode opening		

^{*}Procedure codes E0240 and E0247 are effective for DOS on and after January 1, 2004.